



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

May 8, 2024

COVE GROUP LLC
C/O TOM NEWBURY GEN MGR
3509 N AUDUBON
SPOKANE, WA 99205

Re: Claim to a Water Right form for CFPRBA Claim No. 96-6044

Mr. Newbury,

Enclosed please find a prepared Notice of Claim form based on water right license 96-6044. Please proofread it to verify everything is correct and return it signed with the claim fee. If any changes are made please be sure to initial them before sending the claim form back.

Additionally, I have enclosed the Request for Withdrawal of Claim form you submitted. I was unaware the claim fee had not been submitted when you filed your claim online. As the fee was not submitted and processed there was no withdrawal required.

Please do not hesitate to contact our office if you have any questions or concerns. We can be reached by phone during business hours at 208-762-2800.

Thank you,

Michael Thompson
Water Resource Agent
Northern Region

Enclosures: Notice of Claim to a Water Right forms for Claim No. 96-9044, Request for Withdrawal of Claim (not required)

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS**

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Ident. Number: 96-9044
Date Received:
Receipt No:
Claim Fee: \$57.00
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

COVE GROUP LLC
C/O TOM NEWBURY GEN MGR
3509 N AUDUBON
SPOKANE WA 99205

Phone: (509) 444-8548

2. Date of Priority: 3/8/2000

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	05W	29	NW SW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.07		4.8

7. Total Quantity Appropriated is:

0.07 C.F.S. and/or 4.8 A.F.A.

8. Non-irrigation uses:

Domestic water supplied from a community well to 5 lots/households.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	05W	29	NW		SW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: License

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

_____ of _____
Agents Title (please print) Name of Organization(please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

RECEIVED

APR 08 2024

IDWR / NORTH

REQUEST FOR WITHDRAWAL OF CLAIM
WITH OPTION TO REQUEST FILING FEE REFUND

Name of Claimant: TOM NEWBURY

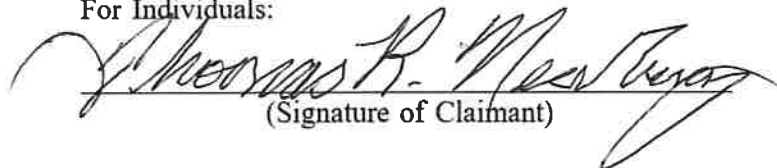
Mailing Address: 3509 N AUDOBON ST, SPOKANE, WA 99205

Amount: N/A Receipt No.: N/A

Claim No(s): 96-9044

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above. I do
____/ do not ☒ request a refund of the filing fee. *** If a refund is requested, I have attached
an explanation of the justification for granting a refund.***

For Individuals:


(Signature of Claimant)

3/28/2024
(Date)

(Signature of Claimant) (Date)

For Organizations:

(Signature of Authorized Agent) (Date)

(Title)

(Name of Organization)

Return to: Idaho Dept. of Water Resources
7600 N. Mineral Dr. Suite 100 or Idaho Dept. of Water Resources
Coeur d'Alene, ID 83815
Adjudication Section
P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

Initials

Date

Approval _____
Data Entry _____
